



Anthem  

# Welcome!

Important information to help you get the most from  
your Anthem Blue Cross and Blue Shield health plan.

City of St. Louis Retirees  
Effective July 1, 2019



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# A Health Plan You Can Count On

## Our Continued Commitment to You

We are pleased the City of St. Louis selected Anthem Blue Cross and Blue Shield for its members again, and we think you'll be pleased too.

As an Anthem Blue Cross and Blue Shield member, you will continue to have access to the same doctors and hospitals without disruptions or transition of care issues, and the superior service you have become accustomed to over our years of partnership.

Our goal is to help you feel supported, appreciated, confident – and healthier and we are launching new programs and technology to make sure you get the most from your plan:

### New for 2019:

- **Anthem Health Guide**  
See page 19 for details
- **myStrength Mobile App**  
See page 22 for details
- **Anthem Engage Mobile App**  
See page 21 for details
- **Well-Being Coach**  
See page 23 for details
- **Naturally Slim**  
See page 22 for details

We are proud of our more than 80-year history in St. Louis and, like you, we aren't just doing business here, we are an active part of the community.

If you want to keep the same coverage as last year, there is no action needed from you. If you would like to change plans, add/remove dependents or if you are a new employee, please fill out the Enrollment Application and Change Form on page 15 and mail or deliver it to:

Department of Personnel, Employee Benefits Section  
1114 Market Street, Suite 900  
St. Louis, MO 63101

Faxed or email documents are acceptable. Fax to, 314-436-7405 or email to, [BenefitsSection@stlouis-mo.gov](mailto:BenefitsSection@stlouis-mo.gov). When faxing or emailing enrollment documents please exclude Social Security numbers.

Forms must be received no later than 5 p.m., June 7, 2019.

**We look forward to serving you again this year.**

## Important phone numbers and websites:

### Concierge Support/ Anthem Health Guide

1-844-404-2102

### Anthem Precertification

1-866-398-1922

### BlueCard® Customer Service

(to locate a provider while traveling)

1-800-810-BLUE or [anthem.com](http://anthem.com)

### Anthem Behavioral Services

(mental health and substance  
abuse administrator)

1-800-788-4003

### Anthem Health and Wellness

1-866-962-1395

### Express Scripts Customer Service

1-866-595-7317





# Accessing Quality Care



# Blue Access Choice and BlueCard<sup>®</sup>

Accessing your choice of doctors and hospitals.

We're pleased to offer you our broad Blue Access Choice product, the largest provider network in Missouri, where you can get the most for your money with lower copays and out-of-pocket costs. Featuring superior access across the City, State and Nation, our network includes nearly all of the hospitals and providers in the state without the hassle of needing a referral before seeking care.

## Our health plans are the flexible choice:

- Referrals are not needed.
- They use our broad, money-saving provider network.
- They include out-of-network benefits.
- Mental health and substance abuse benefits are available.
- Members get full (100%) coverage for preventive care like well-visits, health screenings and vaccinations (immunizations).

## Get benefits to go.

Blue Access Choice benefits travel with you. The BlueCard<sup>®</sup> Program through the Blue Cross and Blue Shield Association will help you find care when you're traveling throughout the country — or in more than 200 countries and territories worldwide.<sup>1</sup>

- All you have to do is call the Coverage While Traveling or Member Services number on the back of your Anthem ID card for help finding a participating doctor or health center near you.
- Visits to doctors or clinics that are not part of the BlueCard Program will be covered at the lower out-of-network level.
- In emergencies while traveling, you should go to the nearest hospital. Then call us, and your doctor back home, within 24 hours or as soon as possible.

**If you have any questions, you can call the Member Services number on the back of your ID card. We'll be happy to help you understand your Blue Access Choice network coverage or your BlueCard benefits and how to use them. On July 1, 2019 you can also contact an Anthem Health Guide for personalized help for maximizing your benefits. See page 19 for more details.**



<sup>1</sup> Blue Cross Blue Shield Association, <http://www.bcbs.com/already-a-member/coverage-home-and-away.html>

# How to Find a Doctor

Finding one online is fast and easy.

With our online **Find a Doctor** tool, it's simple to look for doctors who are part of the Anthem Blue Cross and Blue Shield network. Whether you're checking to see if a family favorite is in the network or looking for someone new, it's a snap...

## Follow these steps:

1. Go to **anthem.com**
2. If you are already registered for the website, enter your **Username** and **Password** and select **Log In**.
3. If you have not registered, select **Register Now**.
4. Once you are logged in, select **Find a Doctor**.
5. Using the drop-down boxes, you can select **Type of Medical Provider**, **Specialty** and the **Location** you are looking for, you can also enter **Optional Criteria** to narrow your search.
6. Select **Search**.
7. For more information about a medical provider (such as skills and training), click on their **Name**.



## If you are searching for a provider out of state:

1. Go to **anthem.com/findadoctor**
2. Under **Search as Guest**, click **Search by Selecting a Plan or Network**.
3. Use the drop down menus to select the following:
  - a. "What type of care are you searching for?": select **Medical**.
  - b. "What state do you want to search in?": select the state you want to search in
  - c. "Select a plan/network": select **National PPO (BlueCard PPO)** under **Medical (Employer-Sponsored)**.
  - d. Click **Continue**.
4. Complete steps 5 – 7 above.



## Going Mobile

To quickly search for doctors, hospitals, pharmacies and more from your mobile device, download our free apps!

1. On your Apple device, open **App Store**. On your Android device, open **Play Store**.
2. Enter **Anthem Anywhere** into the search bar and select **Download**.
3. If you are already registered for anthem.com, enter your **Username** and **Password** into the app.
4. If you have never registered for anthem.com, select **Register Now**.

On July 1, 2019 you can use the Engage app to search for doctors and hospitals and compare costs. See page 21 for more information.

# LiveHealth Online

Always here for you – any time, any place.

## Using LiveHealth Online, you can have a visit with a doctor on your smartphone, tablet or computer.

Life moves pretty fast. When you're not feeling well, you want to feel better fast. With LiveHealth Online, you don't need to make an appointment. Just sign up at [livehealthonline.com](https://livehealthonline.com) or use the app, and see a board-certified doctor in a few minutes.

When your own doctor isn't available, use LiveHealth Online if you have:

- Pinkeye
- Allergies
- A cold
- A sinus infection
- The flu
- And other non-emergency conditions
- A fever

A doctor can assess your condition, provide a treatment plan and even send a prescription to your pharmacy, if it's needed.<sup>1</sup>

A standard office visit cost applies when using LiveHealth Online services. A visit typically costs City of Saint Louis members on the Anthem Blue Cross and Blue Shield medical plan **\$20 on the Low Option, \$15 on the High Option and 10% coinsurance for the HDHP Option.**



## Visit with a licensed therapist or board-certified psychiatrist

When you're feeling stressed, anxious or having a tough time coping, talk to a therapist online. In most cases, you can schedule an appointment and talk to a therapist in 4 days or less.<sup>2</sup> Psychiatrists can see patients 18 and over within two weeks<sup>2</sup> to help manage medications except controlled substances regulated by the government.<sup>3</sup> To schedule your appointment call **888-548-3432** seven days a week.

## To download the LiveHealth Online app

1. On your Apple device, open **App Store**. On your Android device, open **Play Store**.
2. Enter **LiveHealth Online** into the search bar and select **Download**.

On July 1, 2019 you can use the Engage app to access LiveHealth Online with one click. See page 21 for more information.

**LiveHealth**<sup>®</sup>  
O N L I N E



1. Prescription availability is defined by physician judgment.
2. Appointments subject to availability.
3. Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed using LiveHealth Online. Psychiatrists on LiveHealth Online will not offer counseling or talk therapy.

LiveHealth Online is the trade name of Health Management Corporation.

Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 1-800-784-2433 (National Suicide Prevention Lifeline) or 911 and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.



# Where to Go for Care

## Is it really an emergency?

Knowing where to go for medical care can save you lots of time and money – not to mention, get you the best care for your situation. We've created these general guidelines to help you determine the right place for you or a family member when the unexpected happens.

**The emergency room (ER) shouldn't be your first stop – unless there's a true emergency. Here's a checklist:**

- Are your symptoms severe and/or life-threatening?
- Did they occur suddenly and without warning?
- Is there excessive bleeding, extreme pain, shortness of breath or broken bones?
- Using your best judgment, do you believe there may be serious impairment to bodily functions or serious dysfunction of a bodily organ/part without immediate medical attention?

If you answered yes to any of these questions, call “911” or go to your nearest emergency room.

For access to some of the best coordination of care and claims processing, contact Anthem Blue Cross and Blue Shield within 24 hours or as soon as possible.

### Am I covered for emergency care?

Yes, most health plans cover emergency care – defined as health care services provided in an emergency facility or setting for conditions meeting emergency criteria.

**Still not sure whether you need emergency care? You have options:**

- Call your doctor
- Call the 24/7 NurseLine at 1-866-962-1395. Our registered nurses can answer your health questions and help you decide where to go for care – anytime, day or night.
- Visit an urgent care center or medical clinic. Urgent care facilities are often open for extended hours.

### What is urgent care?

While both urgent and emergency care situations are serious, urgent care is for medical symptoms, pain or conditions that require immediate medical attention, but are not severe or life-threatening and do not require use of a hospital or ER.

Urgent care conditions include, but are not limited to: earache, sore throat, rash, sprained ankle, flu and fever not higher than 104°.

### Am I covered for urgent care?

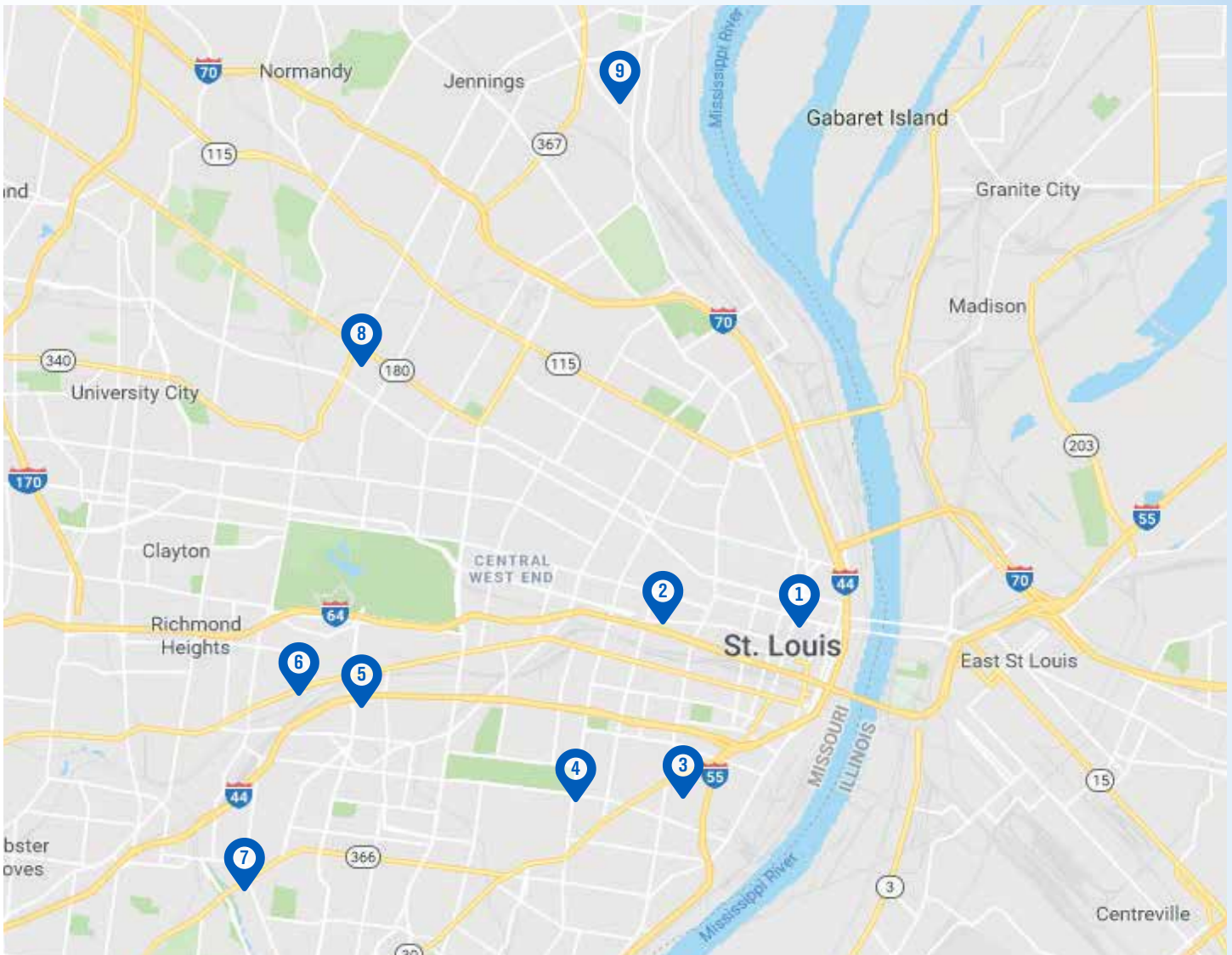
Typically, urgent care is covered if it's provided in a non-ER setting by an in-network provider.

If you need urgent care and your primary care physician is unable to see you right away, you should pursue care appropriate to your situation – regardless of what your benefits will pay.

On July 1, 2019 you can use the Engage app to search for urgent care facilities near you. See page 21 for more information.







## In-Network Urgent Care Centers in the City St. Louis

- |   |   |  |
|---|---|--|
| <b>1 Downtown Urgent Care</b><br>916 Olive St Ste 312,<br>Saint Louis, MO 63101<br><b>Telephone:</b> 314-436-9300 | <b>4 Total Access Urgent Care PC</b><br>3114 S Grand Blvd,<br>Saint Louis, MO 63118<br><b>Telephone:</b> 314-696-2178 | <b>7 Total Access Urgent Care PC</b><br>6900 Chippewa St,<br>Saint Louis, MO 63109<br><b>Telephone:</b> 314-899-9344 |
| <b>2 Concentra Urgent Care</b><br>3100 Market St,<br>Saint Louis, MO 63103<br><b>Telephone:</b> 314-421-2557      | <b>5 Total Access Urgent Care PC</b><br>2060 Hampton Ave,<br>Saint Louis, MO 63139<br><b>Telephone:</b> 314-696-2341  | <b>8 North City Urgent Care</b><br>6113 Ridge Ave,<br>Saint Louis, MO 63133<br><b>Telephone:</b> 314-932-1213        |
| <b>3 Affinia Healthcare</b><br>2220 Lemp Ave,<br>Saint Louis, MO 63104<br><b>Telephone:</b> 314-814-8700          | <b>6 Concentra Urgent Care</b><br>6542 Manchester Ave,<br>Saint Louis, MO 63139<br><b>Telephone:</b> 314-647-0081     | <b>9 Concentra Urgent Care</b><br>8340 N Broadway,<br>Saint Louis, MO 63147<br><b>Telephone:</b> 314-385-9563        |

A young boy in a blue t-shirt and khaki shorts is performing a handstand on a paved city street. He is wearing colorful sneakers. In the background, the Gateway Arch is visible under a clear blue sky. A traffic light shows a red light. Other people and cars are blurred in the background, suggesting a busy urban environment.

# Choosing Your Benefit Plan



# Health Care Terminology

## Common definitions you may need to know.

We understand that health insurance and its terminology can be confusing. We have created this Health Care Terminology glossary with some of the most common definitions you may need while using your health plan.



**Premium** – The periodic amount that Members and the City must pay for the Plan.



**Covered (Cover or Coverage)** – A service or supply specified in the Summary Plan Description for which Benefits will be furnished, subject to the Deductible(s) and other requirements for payment by the Plan, when rendered by a Provider. A charge for a Covered service will be considered to have been incurred on the date the service or supply was provided to the Member. Eligibility for payment of Benefits, including obstetrical Benefits without limitations, will be determined on the date the service is rendered.



**Copayment** – A fixed amount (for example, \$25) Members pay for a Covered Health Care Service, usually when they receive the service. The amount can vary by the type of Covered Health Care Service and the plan selected.



**Deductible** – The amount of money you must pay out of your own pocket, before your insurance plan starts to cover part of your costs.



**Coinsurance** – Members' share of the costs of a Covered Health Care Service, calculated as a percentage (for example, 10% for In-Network services) of the Allowed Amount for the service.



**Network** – The facilities, Providers and suppliers the Plan has contracted with to provide Health Care Services.



**In-Network Medical Provider** – A Provider who has a contract with the Plan to provide services to Members at a discount.



**Out-of-Network Medical Provider** – No arrangement has been made with a Health Care Service Provider for cost containment. If the cost of a Covered service exceeds the Out-of-Network Rate, the Member will be responsible for such excess.



**Out-of-Pocket Maximum** – The most Members pay during a calendar year before the Plan begins to pay 100% of the Allowed Amount. This maximum does not include: (1) Members' Premium; (2) balance-billed charges; and (3) Health Care Services and prescription drugs the Plan does not Cover.



**High Deductible Health Plan (HDHP)** – An HDHP is a health insurance plan with lower premiums and higher deductibles. You can use any doctor or hospital and you do not need to choose a primary care physician or receive referrals. All services are subject to deductible and coinsurance, except for Preventative Care Services, covered at 100%.

# Monthly Premiums

City of St. Louis Retirees · Blue Access® Choice PPO  
Effective July 1, 2019

	High Option	Low Option	HDHP Option	Medicare Advantage
<b>Retiree and Spouse (Both Under 65)</b>				
Retiree Only	\$2,370.27	\$2,012.40	\$1,760.73	
Retiree + Spouse*	\$4,967.43	\$4,217.67	\$3,689.39	
Retiree + Children	\$4,263.05	\$3,619.53	\$3,166.56	
Retiree + Family*	\$6,981.15	\$5,828.29	\$5,178.08	
<b>Retiree and Spouse (One 65 or Older and the other Under 65)</b>				
Retiree Only	\$1,797.25	\$1,549.86	\$1,220.05	\$0.00
Retiree + Spouse*	\$4,033.03	\$3,517.41	\$2,961.10	
Retiree + Children	\$4,120.28	\$3,524.34	\$2,911.71	
Retiree + Family*	\$6,151.31	\$5,365.25	\$4,620.63	
<b>Retiree and Spouse (Both 65 or Older)</b>				
Retiree + Spouse*	\$3,671.15	\$3,165.55	\$2,475.22	\$0.00
Retiree + Children	\$3,241.23	\$2,787.81	\$2,186.07	
Retiree + Family*	\$5,204.19	\$4,523.86	\$3,542.49	

If an eligible retiree or spouse is over 65 and enrolls in Medicare Advantage and the other is in Anthem and under 65, the following rates apply.

	Medicare Advantage High Option	Medicare Advantage Low Option	Medicare Advantage HDHP Option
Retiree + Spouse*	\$2,370.27	\$2,012.40	\$1,760.73
Retiree + Family*	\$4,263.05	\$3,619.53	\$3,166.56

\* Includes Domestic Partner



# Your Summary of Benefits

City of St. Louis Retirees · Blue Access® Choice PPO  
Effective July 1, 2018

	High Option		Low Option		HDHP Option*	
Covered Benefits	Network	Non-Network	Network	Non-Network	Network	Non-Network
<b>Deductible (Single/Family)</b>	\$300/\$900	\$2,000/\$6,000	\$800/\$2,400	\$2,000/\$6,000	\$3,000/\$6,000	\$9,000/\$18,000
<b>Out-of-Pocket Limit (Single/Family)</b>	\$2,500/\$5,000	\$5,000/\$10,000	\$5,000/\$10,000	\$10,000/\$20,000	\$4,000/\$6,850	\$10,000/\$20,000
<b>Physician Home and Office Services (PCP/SCP)</b>	\$15/\$40	40%	\$20/\$50	50%	10%	40%
<b>Allergy injections</b>	\$5	40%	\$5	50%	10%	40%
<b>Diagnostic Tests –</b> Lab, X-Rays, MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging	No cost share	40%	No cost share	50%	10%	40%
<b>Preventive Care Services</b>						
<b>Routine medical exams</b> (see full list of preventive services on pages 24 & 25.)	No cost share	40%	No cost share	50%	No cost share	40%
<b>Emergency / Urgent Care</b>						
<b>ER SERVICES</b>	\$500	\$500	\$500	\$500	10%	10%
<b>Urgent Care Services</b>	\$50	40%	\$50	50%	10%	40%
<b>LiveHealth Online</b> (page 5)	\$15	N/A	\$20	N/A	10%	N/A
<b>Inpatient and Outpatient Services</b>	10%	40%	20%	50%	10%	10%
<b>Other Services</b>						
<b>Local Ambulance</b>	10%	10%	20%	20%	10%	\$10
<b>Hospice</b>	No cost share	No cost share	No cost share	No cost share	10%	40%
<b>Durable Medical Equipment</b>	10%	40%	20%	50%	10%	40%

To learn more about your coverage, including your rights and obligations, how to get medical care, what services are covered and not covered and what portion of costs you will be required to pay, access your Health Certificate of Coverage at <https://www.stlouis-mo.gov/government/departments/personnel/divisions/employee-benefits>.

Deductible(s) apply to covered services listed with a percentage (%) coinsurance.

\* Family coverage requires the family deductible to be met before coinsurance applies. The single deductible does not apply to family coverage. (HDHP Option Only)

# Prescription Drug Benefits

## Managed by Express Scripts®

Prescription drug benefits are managed by Express Scripts. You can receive up to a 30-day supply of covered medications filled at the retail pharmacies in the National Pharmacy Network. If you currently are taking a maintenance prescription, you can take advantage of Express Scripts Mail Service Pharmacy and receive, at home, up to a 90-day supply of covered medications at a lower copayment than the retail pharmacy. If you have questions about your pharmacy benefits, contact Express Scripts Customer Service at 1-866-595-7317.

## Present your medical insurance card at a participating pharmacy and your 30-day copayment per prescription is:

	High Option	Low Option	HDHP Option
Generic prescription	\$10	\$10	\$10 after deductible met
Preferred brand-name prescription	\$25	\$30	\$35 after deductible met
Non-preferred brand-name prescription	\$45	\$60	\$60 after deductible met
Compound drugs	20% coinsurance up to max of \$90 per Rx	20% coinsurance up to max of \$90 per Rx	20% coinsurance up to max of \$90 per Rx after deductible met

## Your 90-day copayment for mail order is:\*

	High Option	Low Option	HDHP Option
Generic prescription	\$20	\$20	\$25 after deductible met
Preferred brand-name prescription	\$50	\$60	\$87.50 after deductible met
Non-preferred brand-name prescription	\$90	\$120	\$150 after deductible met

Compound drugs are not available through mail order

\* These copayments only are available through mail order. If you receive a 90-day supply at the pharmacy, you will pay three copayments.



## Your prescription drug plan includes mandatory generics.

This means, if you want the brand-name drug, and a generic equivalent is available, you may still receive the brand-name drug; however, your out-of-pocket cost will be greater. In this instance, you will pay the brand-name copayment plus the difference of the cost between the generic and brand-name drug.

## Accredo Pharmacy provides your specialty and specialty injectable prescription benefits.

### Specialty and injectable drugs:

- 30-day supply limit
- Refills through specialty pharmacy only (mail order)

## Your 30-day copayment for specialty prescription is:

	High Option	Low Option	HDHP Option
Specialty prescription	\$60	\$90	\$90 after deductible met

## Compound Drugs

Compound drugs are drugs that are made by mixing ingredients (prescription and/or over-the-counter) together to make a formulation that's not readily available or that may not be approved by the Food and Drug Administration, to suit a particular patient's needs.

- Many compound drugs that have little or no proven clinical value are excluded from coverage;
- Approved compound drugs will require a prior authorization from your doctor;
- Anyone using approved compound drugs will be required to pay 20% coinsurance, up to \$90 per prescription.

## Non-Covered Medications

Certain brand-name medications as well as compound drugs that contain certain ingredients may not be covered under the Plan. If you fill a prescription for a non-covered brand-name or compound medication you will be responsible for the full cost of the medication and that cost will not be applied to your out-of-pocket maximum. Talk with your physician about prescribing an alternative covered medication.

Drugs that are excluded under the Plan may be covered if approved in advance through a formulary exception process initiated by your physician and managed by Express Scripts, on the basis that the drug is: 1) medically necessary and essential to your health and safety and/or 2) all covered formulary drugs comparable to the excluded drug have been tried.

**PLEASE REFER TO YOUR 2019 FORMULARY FOR COVERED DRUGS THROUGH YOUR PLAN AT**  
[https://www.stlouis-mo.gov/government/departments/personnel/divisions/employee-benefits/upload/Preferred\\_Drug\\_List\\_Exclusions2019.pdf](https://www.stlouis-mo.gov/government/departments/personnel/divisions/employee-benefits/upload/Preferred_Drug_List_Exclusions2019.pdf).



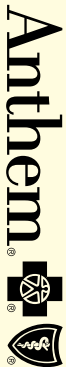


# Enrollment Application and Change Form



Enrollment Application and Change Form

☐ New Coverage ☐ Request for Change



1

Last Name

First Name

MI

Sex

☐ Male

☐ Female

Date of Birth

Social Security Number

Marital Status

☐ Single

☐ Married

☐ Domestic Partner

Home Address

City

State

Zip Code

Home Phone Number

( ) ( )

Employer Name

City of St. Louis

Department

Email Address

☐ Active

☐ Retired (Date ) ( )

Work Phone Number

( ) ( )

2

TYPE OF MEDICAL COVERAGE

☐ High Plan

☐ Low Plan

☐ High Deductible Health Plan

☐ I decline coverage for my dependents

☐ I decline coverage for myself

Reason: ☐ covered under another plan

☐ Other: (see sections 6&7)

3

WHO SHOULD BE COVERED

☐ Retiree Only

☐ Retiree Plus Spouse

☐ Retiree Plus Child(ren)

☐ Retiree Plus Family

☐ Add Spouse/Child (complete Sec.5)

☐ Terminate Spouse/Child (complete Sec. 5)

☐ Address (enter above)

☐ Name Change (complete Sec.5)

☐ Reinstatement – Reason

☐ Surviving Spouse – Former Member SSN

☐ COBRA Continuee – Former Member SSN

☐ Other

TYPE OF CHANGE

☐ HIPAA Qualifying Event

Date of qualifying event: / /

☐ Marriage

☐ Birth

☐ Adoption

☐ Legal Guardianship

Other

5

COVERAGE INFORMATION

(A) Add (1) Term (C) Chg

Last Name

First Name

MI

Dependent SSN

Date of Birth (MM/DD/YY)

Sex

Other Insurance

Disabled

Retiree

Spouse

Child 1

Child 2

Child 3

6

OTHER INSURANCE

On the day your coverage begins, will you, your spouse, or any of your dependents be covered under any other health plan or policy including another Anthem plan, Medicare or Medicaid? ☐ Y ☐ N

Is another person legally responsible for coverage for your children? ☐ Y ☐ N

If you answered yes to either of the questions above, please complete the following:

Person's Name with Other Health Plan

Social Security Number

Date of Birth

Sex

Other Company's Name and Phone Number

Other Company's Policy Number and Effective Date

Part A Effective Date

Part B Effective Date

Medicare Number

7

AUTHORIZATION

On behalf of myself and anyone enrolled on or added to this form ("Us"), I authorize any health care professional or entity to give Anthem Blue Cross and Blue Shield and its affiliates (and the employer or any of their designees, any and all records or information pertaining to medical history or services rendered to Us for any administrative purpose, including evaluation of an application or a claim, and for any analytical or research purposes, I also authorize on behalf of Us the use of a Social Security Number for purpose of identification. I understand and agree that any omissions or incorrect statements made on this application may invalidate my and/or my dependents' coverage. I further understand that coverage will become effective only on the date specified by the insurer or Plan Administrator after it has been approved by the insurer or Plan Administrator and after the full premium has been paid. By signing this form, I hereby certify that all the information provided is true and correct. If my employer's plan is a contributory plan, I direct my employer to deduct the amount of any required contribution from my pay.

NOTICE OF ENROLLMENT RIGHTS

I understand that if I and/or my dependents, if any, waive coverage and desire to participate in the plan at a later date, I and/or my dependents will have to wait until the next open enrollment period, unless I and/or my dependents have a qualifying event. I further understand that if I decline enrollment for myself or my dependents (including my spouse) because of other health coverage, I may in the future be able to enroll myself or my dependents in this plan, provided that I request enrollment within 30 days after such coverage ends. In addition, if a new dependent relationship forms as a result of marriage, birth, adoption or placement for adoption, I may be able to enroll myself and my dependents provided that I request enrollment within 30 days after such marriage, birth, adoption, or placement for adoption.

Health Insurance or medical services benefits provided or administered by Healthy Alliance Life Insurance Company d/b/a Anthem Blue Cross and Blue Shield.

X Signature

Date

8

TO BE COMPLETED BY EMPLOYER

Date of Hire

Date Submitted

Health/Change Eff. Date

Health Plan

Blue Access Choice (STL Area)

SUBGROUP

Group Number

Employer Signature



# Choosing Your Medical Plan

## **High Option** – Highest premium with lowest out of pocket costs. REFERRALS ARE NO LONGER NEEDED.

- You will pay a co-pay for most in-network services. Primary Care Physician - \$15; Specialist - \$40; ER - \$500; Urgent Care - \$50; LiveHealth Online - \$15.
- In-network deductible is \$300 single / \$900 family.
- In-network out-of-pocket maximum is \$2,500 single / \$5,000 family.

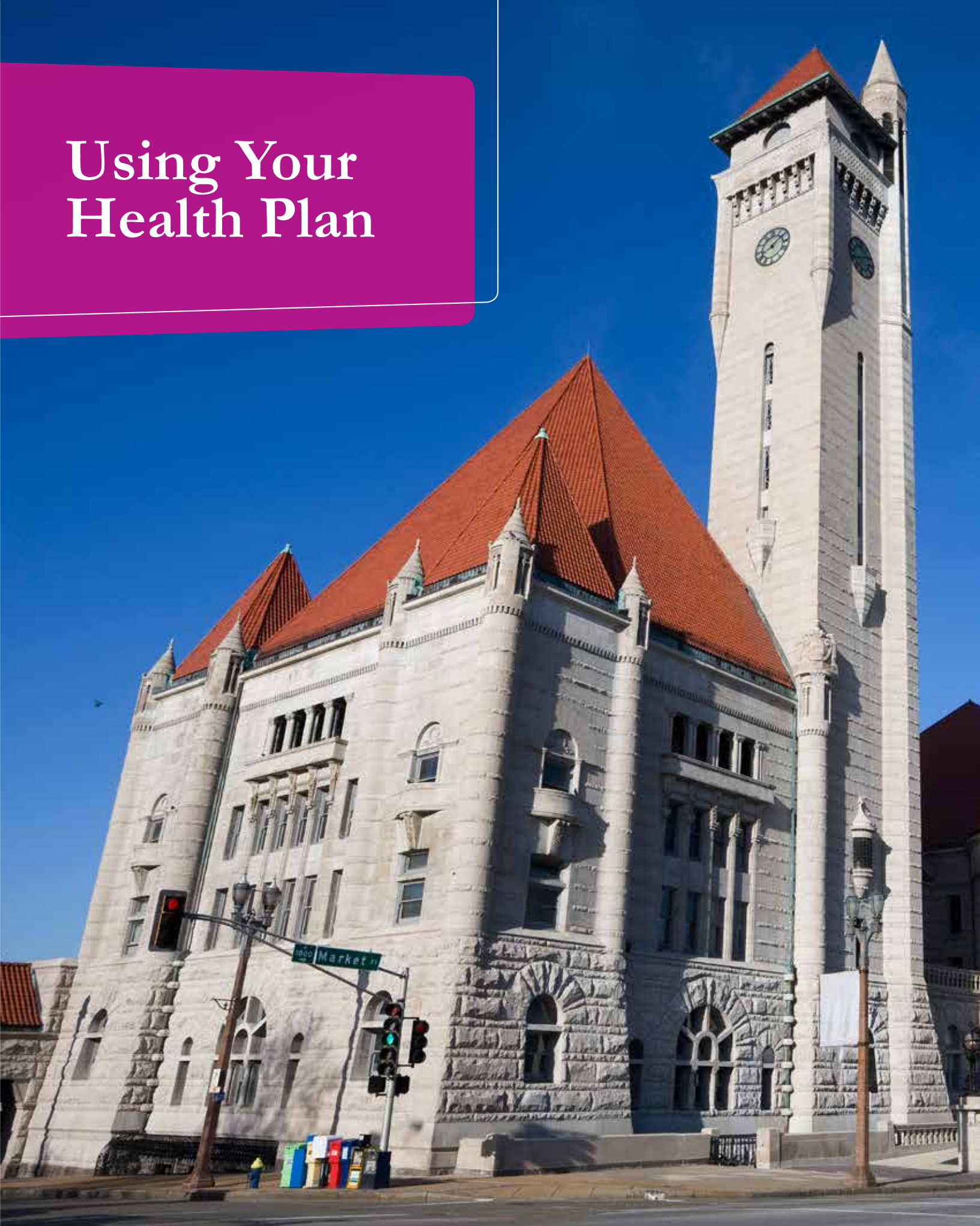
## **Low Option** – Less premium than High Plan, but higher out-of-pocket costs. REFERRALS ARE NO LONGER NEEDED.

- You will pay a co-pay for most in-network services. Primary Care Physician - \$20; Specialist - \$50; ER - \$500; Urgent Care - \$50; LiveHealth Online - \$20.
- In-network deductible is \$800 single / \$2,400 family.
- In-network out-of-pocket maximum is \$5,000 single / \$10,000 family.

## **High Deductible Health Plan Option** – Lowest premium with highest out of pocket costs. REFERRALS ARE NO LONGER NEEDED.

1. You pay for all expenses until you reach your deductible. In-network deductible is \$3,000 single / \$6,000 family.  
In-network out-of-pocket maximum is \$4,000 single / \$6,850 family.
  - You are responsible for all eligible expenses, such as a doctor visit or a prescription. The amount you pay will apply to your deductible.
  - You will pay the full cost of your health care expenses until you meet your deductible, with the exception of Preventative Care which is covered at 100% with no deductible.
2. If you cover anyone other than yourself, you pay the family deductible before the plan pays and out-of-pocket maximum applies.
  - For example, if you have EE+SP or EE+CH coverage, you will be responsible for paying \$6000 before the plan pays 90%.
3. Once the deductible is paid, the plan will pay 90% of each medical service and you will pay 10%.

# Using Your Health Plan



# Member ID Card and EOB

## Understanding your plan specifics.

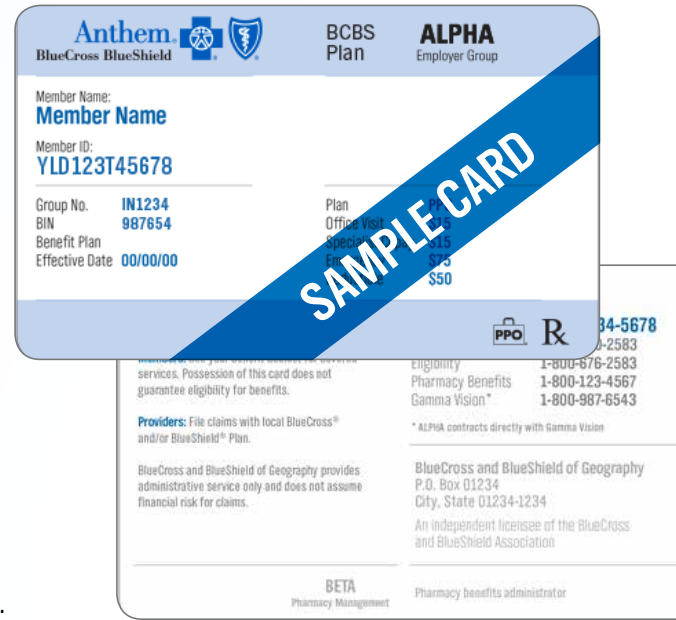
After you select your plan, you will receive a new member ID card that reflects your 2019-2020 benefits. Every person on your plan, including you, your spouse and/or dependents will each receive their own ID card with their name.

Your card has plan information including your ID, group numbers, important phone numbers and websites you may need as you use your benefits. It's important to keep your card with you at all times and start using it on July 1, 2019 to make sure your claims are processed correctly without delay.

### Here's a look at your new member ID card

Your member ID card is also available for online viewing at [anthem.com](http://anthem.com) and through the Anthem Anywhere mobile app:

1. On your Apple device, open **App Store**. On your Android device, open **Play Store**.
2. Enter **Anthem Anywhere** into the search bar and select **Download**.



Anthem Blue Cross and Blue Shield  
3075 Vandercar Way  
Cincinnati, Oh 45209

**Anthem**

Don't worry, this is not a bill.

Hi Jane — Here's your **Health Care Summary** as of March 24, 2017.

Also called an Explanation of Benefits (EOB), it's a quick and easy way to see the care you and your family got, and who pays what. Plus ways to save money and stay healthy.

Need help in a different language? Call us. **¿Necesita ayuda en español? Llámennos. 1-800-123-4567**

**Helpful resources**

**Message us**  
Log in to [anthem.com](http://anthem.com) and select this icon

**Call**  
1-800-123-4567 TTY/TDD: #711

**Go online**  
At [anthem.com](http://anthem.com) or use the Engage Wellbeing mobile app.

Look for 2 savings opportunities inside!

**Claims summary**

Doctor/facility charges:	\$983.00
Your discounts:	— 584.03
Due to your doctor/facility:	\$398.97
Anthem paid:	— 0.00
<b>What you pay:</b>	<b>\$398.97</b>

**Preventive care reminders\***

**For Jane**

☐ Breast cancer screening ☐ Colon cancer screening

☐ Diabetes check

**For Tom**

☐ Child well-care visit ☐ Flu shot

**For Ben**

☐ Child well-care visit ☐ Flu shot

\*Your checklist is based on age and gender guidelines from the Centers for Disease Control and Prevention. Seen to the doctor recently? It may not reflect your most recent services.

**Tips and tools**

**Want us to email you instead?**  
Sign up to get EOBs by email instead of mail. It's easy! Log in to [anthem.com](http://anthem.com). Select this icon then Communication Preferences.

**Urgent care without the urgent cost**  
If it's not an emergency, try an urgent care instead of the ER. It could save you an average of \$500. **UrgentCare Indy** is close by at 7911 N Michigan Rd, Indianapolis, IN 46268, 1-317-960-3278.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): HighChoice® Managed Care, Inc. (HMO), Healthy Alliance® Life Insurance Company (HMLC), and HMO Missouri, Inc. RI and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Missouri, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. Includes Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Herndon, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in PDS policies offered by Compare Health Services Insurance Corporation (Compare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compare underwrites or administers HMO or PDS policies; WCIC underwrites or administers Well Priority HMO or PDS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

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### Your Explanation of Benefits (EOB)

Our EOBs make it easier for you to know what's been paid by your plan, how much you owe and where to go with questions. EOBs also include a year-to-date summary so you know how close you are to your deductible and out-of-pocket maximum and offer custom tips to help you find more appropriate sites of care. Each person on your plan, including you, your spouse and/or dependents will receive their own EOB after receiving medical care. You will only receive an EOB in the mail if you owe a payment, all other EOBs will be available electronically only.

Starting July 1, 2019 you can use the Engage app to check you benefits, view your ID card and access your EOBs. See page 21 for more details.



# Anthem Health Guide

Helping you stay involved in your health.

## Simple. Caring. Consultative.

They're the founding elements of Anthem Health Guide, an empowering service that helps you:

- Stay involved in your health.
- Access the care that's right for you.
- Get more value from your benefits.

Navigating the health care system can be tough. It can cause frustration, unnecessary medical expenses and a lack of engagement. Anthem Health Guide helps you find your way by simplifying the health care experience and providing a seamless transition from service to care.

## The power behind Anthem Health Guide

What makes the service work so well? It's the associates, or health guides, who are specially selected and trained to consult and provide comprehensive support. These guides are closely linked to health care professionals, such as nurses, health coaches, educators and social workers. Together, they can educate you about your health situation and help you find the right care, at the right time — for the right cost.

## Where technology meets the human touch

Health guides use smart engagement technology to provide you personalized guidance. This technology analyzes data from Anthem's benefits and claims database. It also alerts health guides when certain key words come up during conversations.

**With the help of such tools, our guides are able to:**

- Connect you to programs and needed support
- Spot medical gaps in care, such as routine exams and screenings
- Help you save money on prescription drugs
- Compare costs, find in-network doctors, and more



**93.7%**  
Member satisfaction<sup>3</sup>



## Find out what Anthem Health Guide can do for you.

Click to call or chat on [anthem.com](https://anthem.com) or the Engage app. On July 1, 2019, you can call 1-844-404-2102 to speak to a health guide.

A young man with dark hair and a beard is smiling while looking at a smartphone. He is wearing a maroon jacket over a white t-shirt. The background is a blurred outdoor setting with other people. A magenta overlay is in the bottom left corner.

Living  
Healthy

# Anthem Engage

Your personalized health assistant.



Engage helps you make the most of your health plan and connect with resources to achieve your wellness goals.



## Get peace of mind.

Clearly see what's covered by your plan and access your digital insurance card anytime, anywhere.



## Take charge of your wellness.

Track sleep, steps and food to create healthy habits and hit your well being goals.



## Make the most of your perks.

Save time and money by discovering additional benefits and programs.

Simplify your health care experience with a personalized health assistant that connects you to the right benefits and programs at the right time. With Engage, you can:



See all of your medical benefits in one place, including your ID card and HSA balance.



Access LiveHealth Online and have a face-to-face video visit with a doctor or therapist on your smartphone, computer or mobile device.



Learn more about our health and wellness programs, like 24/7 NurseLine, Condition Care and Future Moms.



Participate in well-being challenges to help keep you active and healthy.



Sync fitness and wellness data with your wearable fitness device.

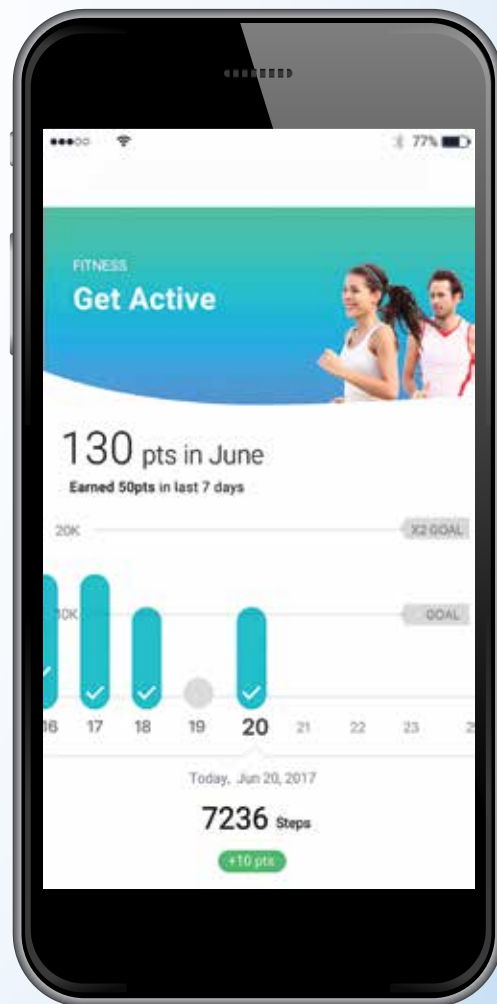


Protect yourself from overpaying by seeing the cost of services and care **before** setting up a visit.

## To download the Engage app:

1. On your Apple device, open **App Store**. On your Android device, open **Play Store**.
2. Enter **Engage** into the search bar and select **Download**.

Once downloaded, the Engage logo will appear on your device.





# Health & Wellness

## Health and Wellness Programs to Support You Along the Way.

You want a plan to keep you and your family healthy, but there's more to your health than getting medical care. That's why your health plan goes way beyond covering doctor's visits. Anthem's portfolio of health and wellness programs are included in your benefit plan and available at no extra cost to you.

### **Future Moms**

Moms-to-be get personalized support and guidance from registered nurses to help them have a healthy pregnancy, a safe delivery and a healthy baby. After you select your plan, you can sign up for Future Moms by calling 1-866-962-1395.

### **ConditionCare**

Get the added support you may need if you have asthma, diabetes, heart disease, chronic obstructive pulmonary disease or heart failure. A nurse coach can answer questions about your health and help you reach your health goals based on your doctor's care plan. After you select your plan, you can sign up for ConditionCare by calling 1-866-962-1395.

### **ComplexCare**

If you have a serious health condition or a number of health issues that need extra care, a nurse coach will help answer your questions, work to coordinate your care, and help you effectively use your health benefits. After you select your plan, you can sign up for ComplexCare by calling 1-866-962-1395.

## Healthy Lifestyles

Take charge of your total wellness through a personalized Well-Being Plan and custom trackers that help you manage your physical and mental health.

### **Naturally Slim**

A leading digital behavioral counseling program with a unique curriculum that has proven to be a game-changer in health improvement and disease prevention. It's a clinically-proven solution to help you reduce your Metabolic Syndrome (MetS) risk through weight loss. Naturally Slim is available to employees, spouses, dependents and retirees. More details on this program will be coming soon. Contact the Employee Benefits Section for more information.

### **myStrength**

Life gets busy. And sometimes it's hard to keep up. That's why as a part of your health care benefits you have access to myStrength, a free online and mobile program that supports emotional health and well-being. The program's tools and resources are available to help you and eligible dependents manage addiction, depression, anxiety, sleep problems, chronic pain and stress. To download the myStrength app, search **myStrength** in the App or Play Store.

### **Cost and Care Finder**

Available on anthem.com and the Engage mobile app, this consumer-friendly tool gives you the information you need to make smart health care choices — in one intuitive online resource. You can find doctors and compare costs, quality metrics and more. You can even check your out-of-pocket costs based on your benefit plan.

# Well-Being Coach

With Well-Being Coach, it's *your* personal health journey.

Staying healthy can feel like a full-time job — especially when you have an ongoing health condition or a busy schedule.

What if you had a coach or even a whole coaching team to answer that quick question, and keep you on track, motivated and successful? And what if you could reach your coaches by phone or online chat ... anywhere? With Well-Being Coach, you can — and at no extra cost to you!

## Here's the big idea in three simple steps:

1



You and your coach will identify habits you want to change.

2



You'll develop custom action plans to make those changes.

3



You'll figure out what kind of resources and support you need.

## Helping you each step of the way

Each well-being coach is specially trained to help you meet your health goals. Take a look at what you can do:



Get help quitting tobacco or losing weight.



Connect via click to chat or by phone.



Access resources and materials that will support you in meeting your goals.

## Quitting for Good

Getting one-on-one counselling and support from Well-Being Coach can help you quit for good. Drug treatments can also help. Through Well-Being Coach, you can consult with a pharmacist who can help you understand all of your options and work directly with your doctor to prescribe nicotine replacement therapy such as gums, patches, sprays, lozenges, inhalers or prescription drugs. These treatments can help you break the habit of smoking before you have to go through physical withdrawal, and since it is considered preventive care, with a prescription, these treatments may be available to you at no cost.

## Ready to begin your personal health journey?

Well-Being Coach is part of the Engage app. So be sure to register at [engage-wellbeing.com](https://engage-wellbeing.com) or download the Engage app. See page 21 for more details. Then, choose Well-Being Coach in the benefit menu and you'll be on your way.



# Preventive Care

## Take care of yourself.

Getting regular checkups and exams can help you stay healthy and catch problems early — when they're easier to treat.

That's why our health plans offer all the preventive care services and immunizations below — at no cost to you.<sup>1</sup> As long as you see a doctor or use a pharmacy in the plan, you won't have to pay anything for these services and immunizations. If you want to visit a doctor or pharmacy outside the plan, you may have to pay out of pocket.

Not sure which services make sense for you? Talk to your doctor. He or she can help you figure out what you need..

### Preventive versus diagnostic care

What's the difference? Preventive care helps protect you from getting sick. If your doctor recommends you have services even though you have no symptoms, that's preventive care. Diagnostic care is when you have symptoms and your doctor recommends services to determine what's causing those symptoms.

### Child preventive care

#### Preventive physical exams

##### Screening tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid level
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight and BMI
- Hemoglobin or hematocrit (blood count)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Counseling for those ages 10–24 with fair skin about lowering their risk for skin cancer
- Oral (dental health) assessment when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Tobacco use: related screening and behavioral counseling
- Vision screening when done as part of a preventive care visit<sup>2</sup>

##### Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Haemophilus influenza type b (Hib)
- Hepatitis A and Hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Polio
- Rotavirus
- Varicella (chickenpox)

These preventive care services are recommendations of the Affordable Care Act (ACA or health care reform law). They may not be right for every person, so ask your doctor what's right for you.

*This sheet is not a contract or policy with Anthem Blue Cross and Blue Shield. If there is any difference between this sheet and the group policy, the provisions of the group policy will rule. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for exclusions and limitations.*



## Adult preventive care

### Preventive physical exams

#### Screening tests:

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) level
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening\*
- Eye chart test for vision<sup>2</sup>
- Hearing screening
- Height, weight and body mass index (BMI)
- HIV screening and counseling
- Lung cancer screening for those ages 55-80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years<sup>3</sup>
- Obesity: related screening and counseling
- Prostate cancer, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening
- Violence, interpersonal and domestic: related screening and counseling

#### Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles)

## Women's preventive care

- Well-woman visits
- Breast cancer, including exam, mammogram, and, including genetic testing for BRCA 1 and BRCA 2 when certain criteria are met<sup>3</sup>
- Breast-feeding: primary care intervention to promote breast-feeding support, supplies and counseling (female)<sup>4,5</sup>
- Contraceptive (birth control) counseling
- FDA-approved contraceptive medical services provided by a doctor, including sterilization
- Counseling related to chemoprevention for women with a high risk of breast cancer
- Counseling related to genetic testing for women with a family history of ovarian or breast cancer
- HPV screening<sup>5</sup>
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings: includes, but is not limited to, gestational diabetes, hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, iron deficiency anemia, gonorrhea, chlamydia and HIV<sup>5</sup>
- Pelvic exam and Pap test, including screening for cervical cancer

\* CDC-recognized Diabetes Prevention programs are available for overweight or obese adults with abnormal blood glucose or who have abnormal CVD risk factors.

1. The range of preventive care services covered at no cost share when provided by plan doctors is designed to meet state and federal requirements. The Department of Health and Human Services decided which services to include for full coverage based on U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents and women supported by Health Resources and Services Administration (HRSA) Guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your Certificate of Coverage or call the Member Services number on your ID card.
2. Some plans cover additional vision services. Please see your contract or Certificate of Coverage for details.
3. You may be required to get preapproval for these services.
4. Check your medical policy for details.
5. Breast pumps and supplies must be purchased from plan providers for 100% coverage. We recommend using plan durable medical equipment (DME) suppliers. This benefit also applies to those younger than age 19.
7. Counseling services for breastfeeding (lactation) can be provided or supported by a plan doctor or hospital provider, such as a pediatrician, obstetrician/gynecologist or family medicine doctor, and hospitals with no member cost share (deductible, copay, coinsurance). Contact the provider to see if such services are available.





# Frequently Asked Questions



# Frequently Asked Questions

## Blue Access Choice High and Low Options

### Do I need to choose a primary care physician and obtain a referral to see a specialist?

No. You have the freedom to use any doctor or hospital without being required to choose a primary care physician or receive referrals.

### Will I have fewer provider choices? Is my doctor in the network?

You can see any doctor you want. You save money when you choose doctors (including specialists) and hospitals in the network. These providers have agreed to charge lower rates. If you receive care outside of our network, you will be covered but it may cost more money.

## Blue Access Choice High Deductible Health Plan Option

### What is a High Deductible Health Plan and how does it work?

A High Deductible Health Plan (HDHP) is a health insurance plan with lower premiums and higher deductibles. You can use any doctor or hospital and you do not need to choose a primary care physician or receive referrals. Preventative Care is covered at 100%, no deductible. All other services are subject to deductible and coinsurance and your out-of-pocket expenses will be higher than when using High or Low Options.

### Do I really have to pay the full cost of medical and pharmacy services before I meet the deductible?

Yes. You will pay for all covered health care services until you reach your deductible, except in-network Preventative Care Services which are paid at 100% and not subject to deductible.

### How do the deductible, coinsurance and maximum out-of-pocket work in the HDHP if I enroll my dependents?

If you enroll in the HDHP plan as employee and spouse, employee and child(ren) or family coverage, any one person in the family can meet the full family deductible and/or family out-of-pocket maximum. The single deductible does not apply when more than one person is enrolled from a family. Once the deductible is satisfied by one or any combination of members in a family, all medical expenses incurred by your family members will be subject to coinsurance. The coinsurance will apply to all eligible medical expenses until one or any combination of family members has met the total family out-of-pocket amount. Once that has been met, the plan will pay 100% of all qualified medical and prescription drug expenses.

### Do I need to choose a primary care physician and obtain a referral to see a specialist with the HDHP Option?

No. You have the freedom to use any doctor or hospital without being required to choose a primary care physician or receive referrals.

### Will I have fewer provider choices with the HDHP Option? Is my doctor in the network?

You can see any doctor you want. You save money when you choose doctors (including specialists) and hospitals in the network. These providers have agreed to charge lower rates. If you receive care outside of our network, you will be covered but it may cost more money.





# Frequently Asked Questions

## How long will open enrollment last?

It will be held through June 7, 2019. The next open enrollment will be held Spring 2020. Applications must be received by June 7, 2019.

## Are there changes this year?

No. We are offering the same benefit plans with the same monthly premiums as last year.

## Do I need to complete an enrollment/change form this year?

No. If you want to continue to have the same coverage as you have had in the past, you do not need to complete an enrollment form. If you are currently in the High Option, you will be automatically enrolled in the High Option; if you are in the Low Option, you will automatically be enrolled in the Low Option; if you are in the High Deductible Plan, you will automatically be enrolled in the High Deductible Plan. If you want to change coverage or add or drop dependents, you will need to complete an enrollment form and submit to the Department of Personnel, Employee Benefits Section, 1114 Market, Suite 900, **no later than June 7, 2019**. Faxed or email documents are acceptable. Fax to, 314-436-7405 or email to, [BenefitsSection@stlouis-mo.gov](mailto:BenefitsSection@stlouis-mo.gov). When faxing or emailing enrollment documents please exclude Social Security numbers.

## When will changes for the current enrollment period become effective?

All changes become effective July 1, 2019. The premiums this year are for 12 pay periods.

## Will there be open enrollment meetings this year?

No. There are no general meetings scheduled.

## Will I receive a new ID card at open enrollment?

Yes, you will receive a new ID card prior to the renewal date, via regular mail. Please make sure to update your home address with your department to make sure you receive your new card.

## Can I add my dependents during the open enrollment period?

Yes, you can add eligible dependents at this time. If you do not add your dependents at this time, you cannot add them until the next open enrollment period unless they meet specific eligibility guidelines. You must include Social Security numbers for all covered dependents. You will also need to submit dependent documentation if you are adding a dependent. If you are planning to retire before the next open enrollment period in 2020, you must add your dependent(s) at this time if you wish to have them covered on COBRA. Domestic partners are included as dependents if an Affidavit of Domestic Partnership has been signed by both partners, notarized and approved by the Department of Personnel. To access the Affidavit of Domestic Partnership, use the following link: <https://www.stlouis-mo.gov/government/departments/personnel/documents/affidavit-of-domestic-partnership.cfm>. You may also contact Employee Benefits for additional information.

## How do I know if my doctor is in Anthem's network?

You can use the **Find a Doctor** on [anthem.com](http://anthem.com) to search for in-network doctors. See page 4 for more details.

## Are there changes to the Express Scripts prescription drug plan?

No, there are no changes to the prescription drug plan this year. However, information regarding Express Scripts, including the current formulary, is included for your review. The 2019 Formulary can be accessed on the City of St. Louis website at [https://www.stlouis-mo.gov/government/departments/personnel/divisions/employee-benefits/upload/Preferred\\_Drug\\_List\\_Exclusions2019.pdf](https://www.stlouis-mo.gov/government/departments/personnel/divisions/employee-benefits/upload/Preferred_Drug_List_Exclusions2019.pdf).

### Where do I send completed forms?

All completed forms must be sent to the Department of Personnel, Employee Benefits Section, 1114 Market Street, Suite 900, St. Louis, MO 63101, no later than 5 p.m., Friday, June 7, 2019. Faxed or email documents are acceptable. Fax to, 314-436-7405 or email to, [BenefitsSection@stlouis-mo.gov](mailto:BenefitsSection@stlouis-mo.gov). When faxing or emailing enrollment documents please exclude Social Security numbers.

### Who do I contact if I have questions about coverage for the current open enrollment?

Please visit <https://www.stlouis-mo.gov/employee-benefits> or contact the Customer Service personnel at the telephone number listed to receive the latest benefit enrollment information.

<b>Anthem</b>	1-844-404-2102
<b>Express Scripts</b>	1-800-451-6245 (Formulary and Prescription Drug Benefit Information)
<b>Accredo</b>	1-866-848-9870 (Specialty Drug Benefit Information)

### Can I manage my health care on the Web?

Yes! Anthem offers a variety of tools and resources to keep you connected to your health plan wherever you are. If you haven't done so already, visit [anthem.com](http://anthem.com) and click Register Now to get started. The website offers self-service tools to:

- Check your claim status
- Find a Doctor
- Compare quality and costs
- Track your health care spending

You can download the Anthem Anywhere app to have all the advantages of the website at your fingertips. On your Apple device open **App Store** or on your Android device open **Play Store**, search **Anthem Anywhere** and click **Download**.

On July 1, 2019, you will have access to the Engage app. It's a personalized health assistant to connect you to the right benefits at the right time. With Engage you get all of the features of [anthem.com](http://anthem.com), plus you can participate in well-being challenges and sync with your wearable fitness device. See page 21 for more information about the Engage app.

### Important Contacts:

**City Benefits Phone Number**  
314-622-5753

**City Benefits Fax Number**  
314-436-7405

**Email**  
[BenefitsSection@stlouis-mo.gov](mailto:BenefitsSection@stlouis-mo.gov)

**City of St. Louis  
Employee Benefits**  
<https://www.stlouis-mo.gov/employee-benefits>

**City of St. Louis  
Employee Wellness Programs**  
<https://www.stlouis-mo.gov/employee-wellness/>

**For additional plan documents and notices, visit**

<https://www.stlouis-mo.gov/government/departments/personnel/divisions/employee-benefits/medical-insurance.cfm>



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